



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

October 13, 2017

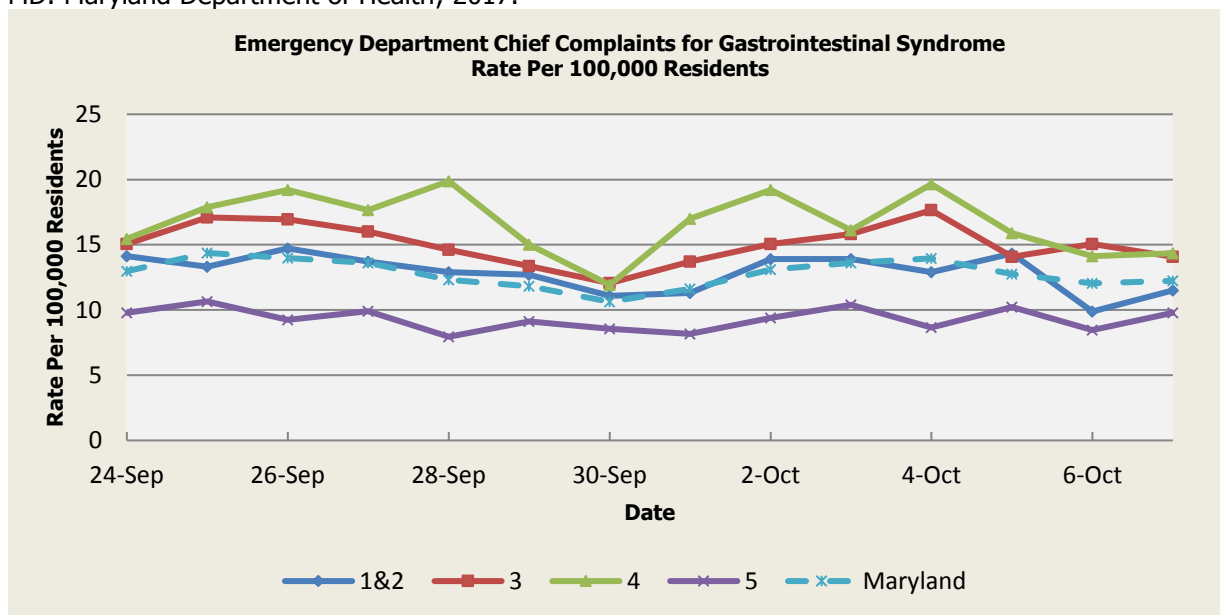
## Public Health Preparedness and Situational Awareness Report: #2017:40 Reporting for the week ending 10/07/17 (MMWR Week #40)

### CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts  
Maryland: Normal (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

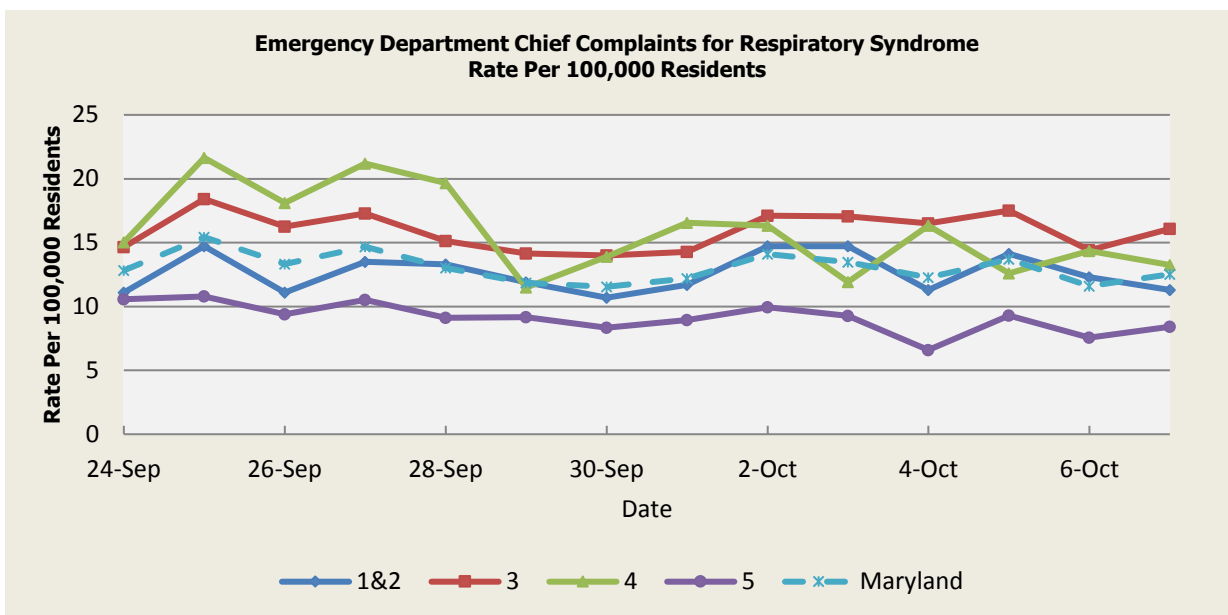
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2017.



There was two (2) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a Nursing Home (Regions 1&2); and one (1) outbreak of Gastroenteritis/Foodborne associated with an Event (Out of state).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.21	14.29	14.59	9.74	12.40
Median Rate*	12.91	14.80	15.02	10.22	12.95

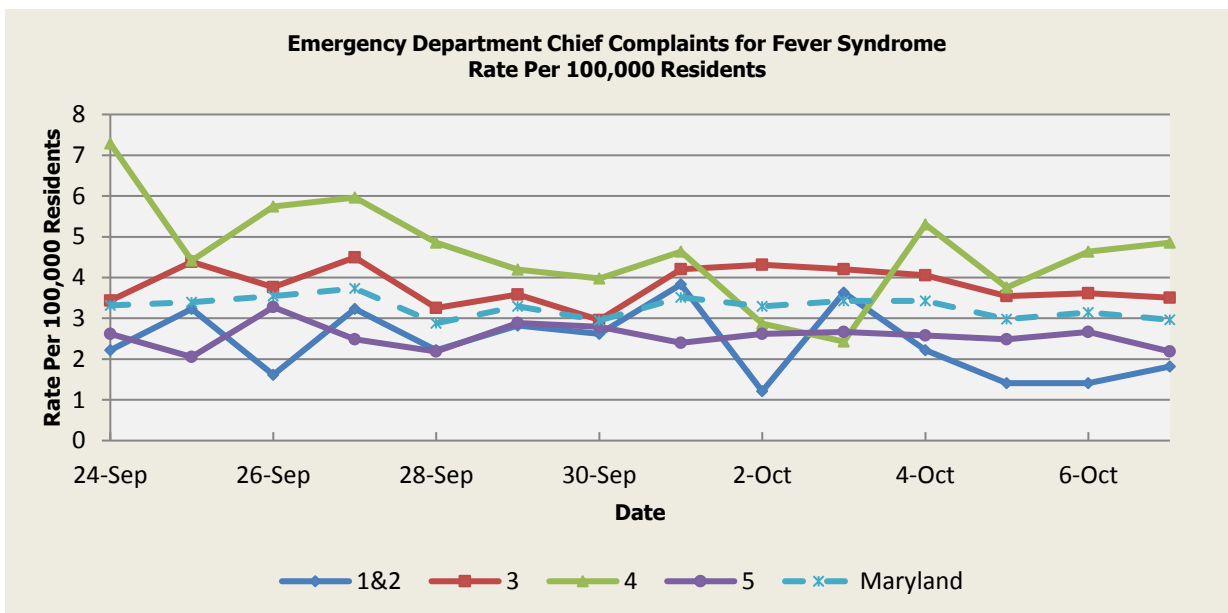
\* Per 100,000 Residents



There were three (3) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of ILI/Pneumonia in a Nursing Home (Regions 1&2); and two (2) outbreaks of Pneumonia in Nursing Homes (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.39	13.67	13.57	9.42	11.84
Median Rate*	11.70	13.88	13.91	9.65	12.05

\* Per 100,000 Residents

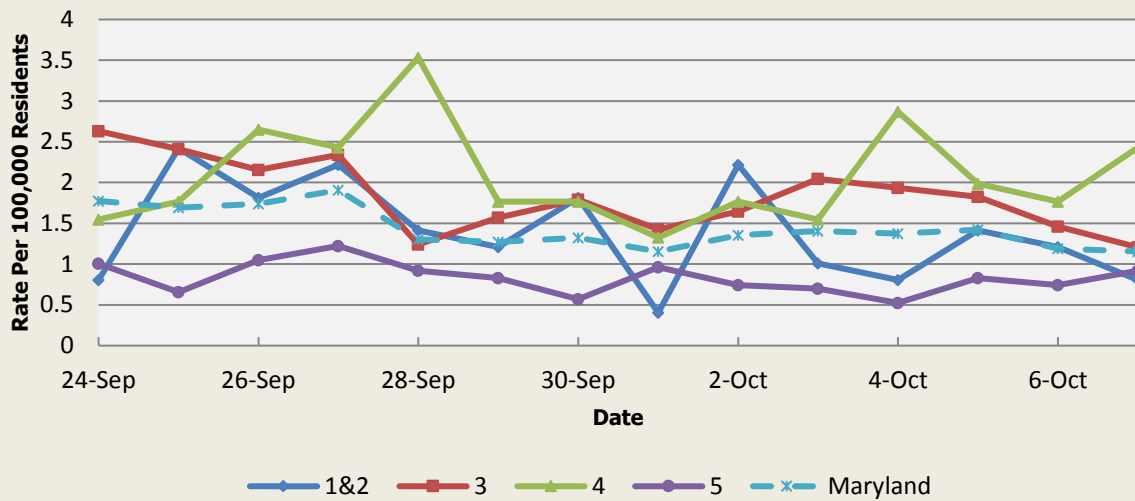


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.86	3.66	3.76	2.91	3.32
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

### Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



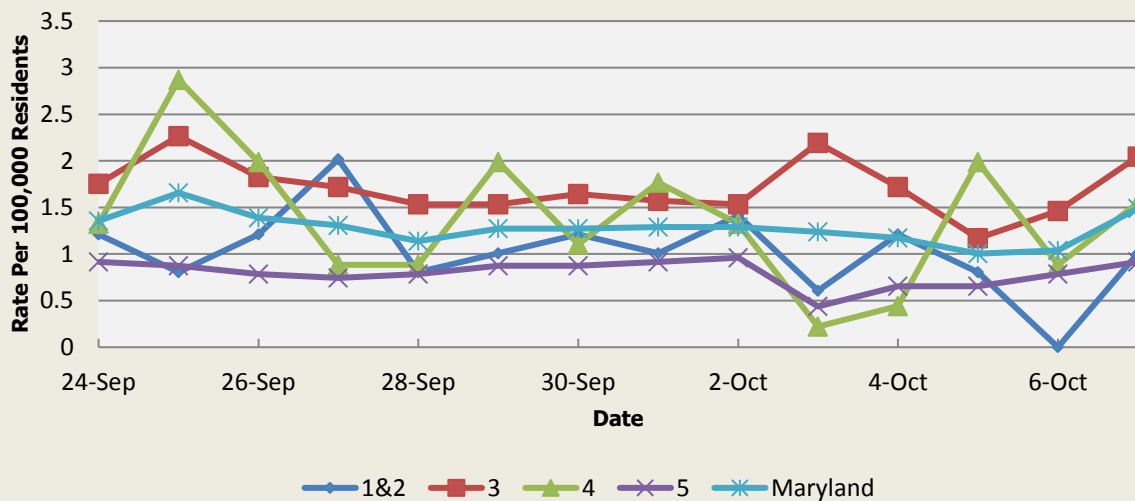
There were no Localized Lesion Syndrome outbreaks reported this week.

#### Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.99	1.79	1.92	0.91	1.39
Median Rate*	1.01	1.83	1.99	0.92	1.42

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

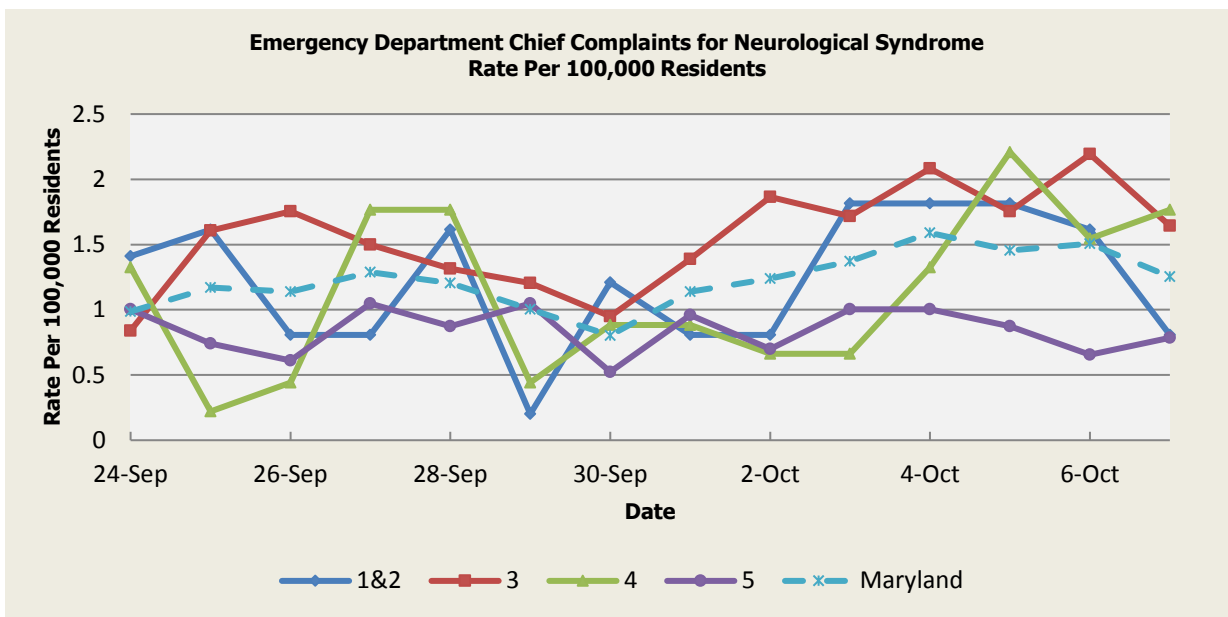


There were two (2) Rash Syndrome outbreaks reported this week: one (1) outbreaks of Scabies in a Nursing Home (Region 4); and one (1) outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 5)

#### Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.18	1.66	1.67	0.97	1.36
Median Rate*	1.21	1.68	1.77	1.00	1.39

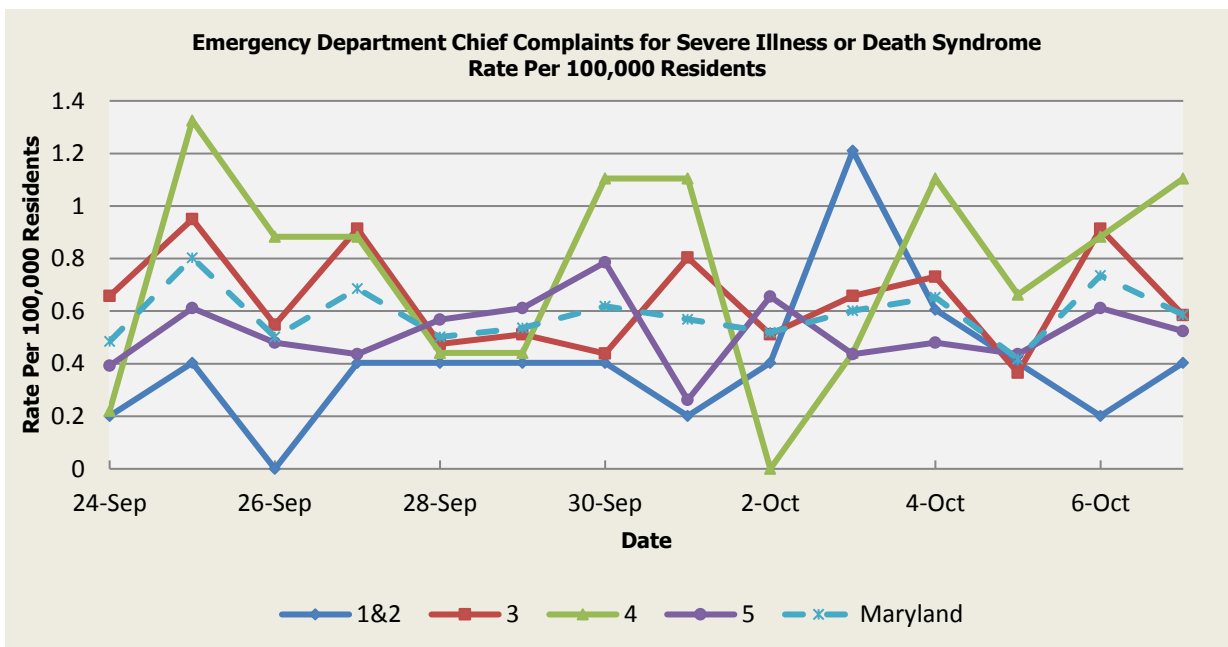
\* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.62	0.75	0.65	0.48	0.63
Median Rate*	0.60	0.69	0.66	0.48	0.59

\* Per 100,000 Residents

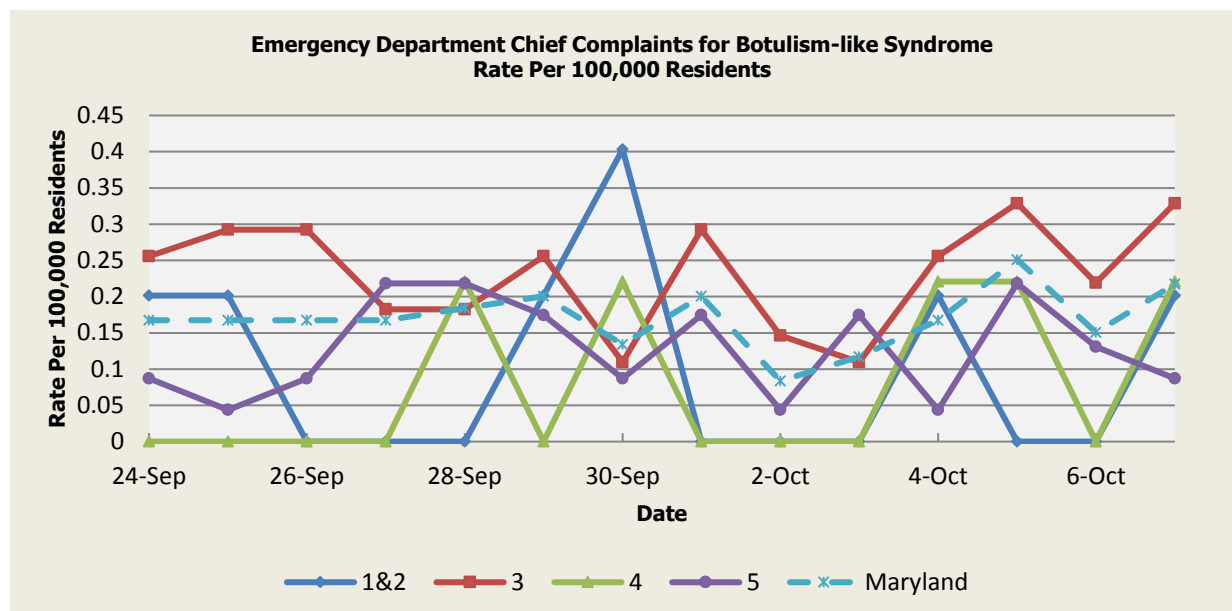


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.61	0.87	0.76	0.43	0.67
Median Rate*	0.60	0.91	0.66	0.44	0.70

\* Per 100,000 Residents

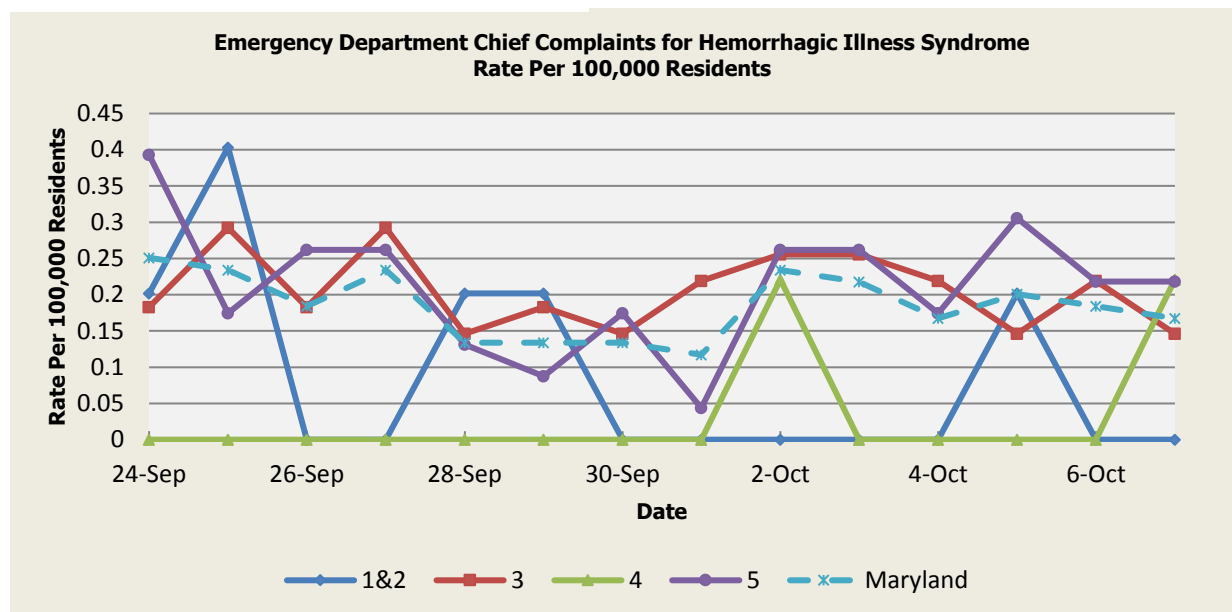
## SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 09/24 (Regions 1&2,3), 09/25 (Regions 1&2,3), 09/26 (Region 3), 09/27 (Regions 3,5), 09/28 (Regions 3,4,5), 09/29 (Regions 1&2,3,5), 09/30 (Regions 1&2,4), 10/01 (Regions 3,5), 10/03 (Region 5), 10/04 (Regions 1&2,3,4), 10/05 (Regions 3,4,5), 10/06 (Regions 3,5), 10/07 (Regions 1&2,3,4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.05	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

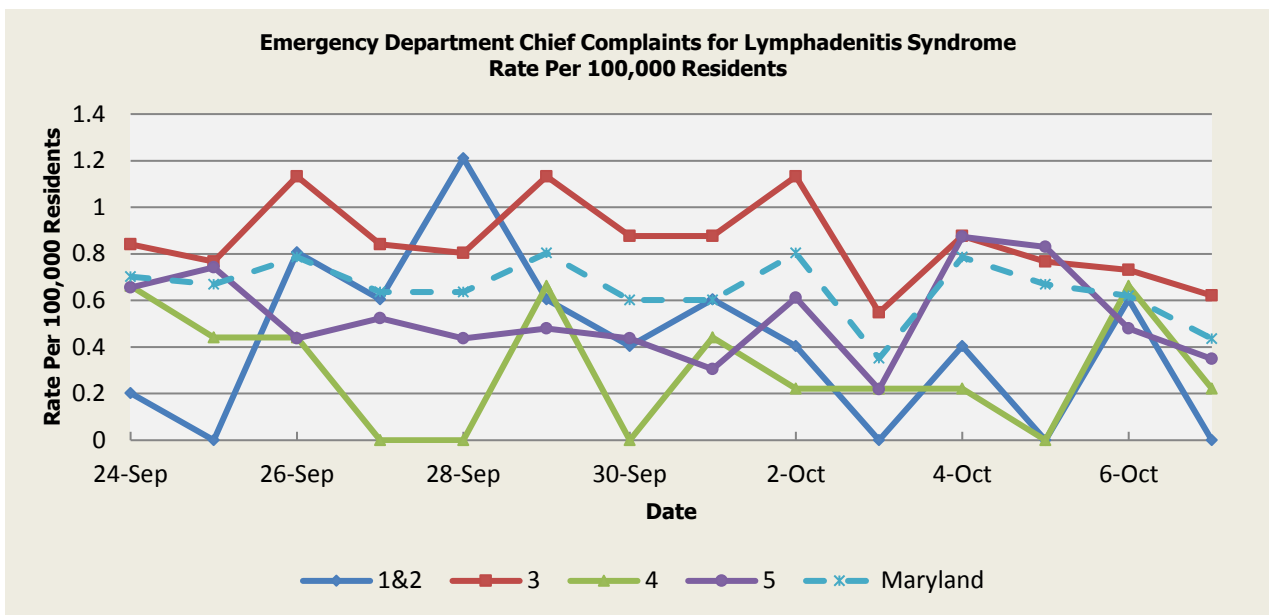
\* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 09/24 (Regions 1&2,5), 09/25 (Regions 1&2,3), 09/26 (Region 5), 09/27 (Regions 3,5), 09/28 (Regions 1&2), 09/29 (Regions 1&2), 10/02 (Regions 3,4,5), 10/03 (Regions 3,5), 10/05 (Regions 1&2,5), 10/06 (Region 5), 10/07 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.12	0.03	0.09	0.09
Median Rate*	0.00	0.04	0.00	0.04	0.05

\* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 09/24 (Regions 4,5), 09/25 (Region 5), 09/26 (Regions 1&2,3), 09/27 (Regions 1&2), 09/28 (Regions 1&2), 09/29 (Regions 1&2,3,4), 10/01 (Regions 1&2), 10/02 (Regions 3,5), 10/04 (Region 5), 10/05 (Region 5), 10/06 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

<b>Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.29	0.50	0.33	0.30	0.39
Median Rate*	0.20	0.40	0.22	0.26	0.33

\* Per 100,000 Residents

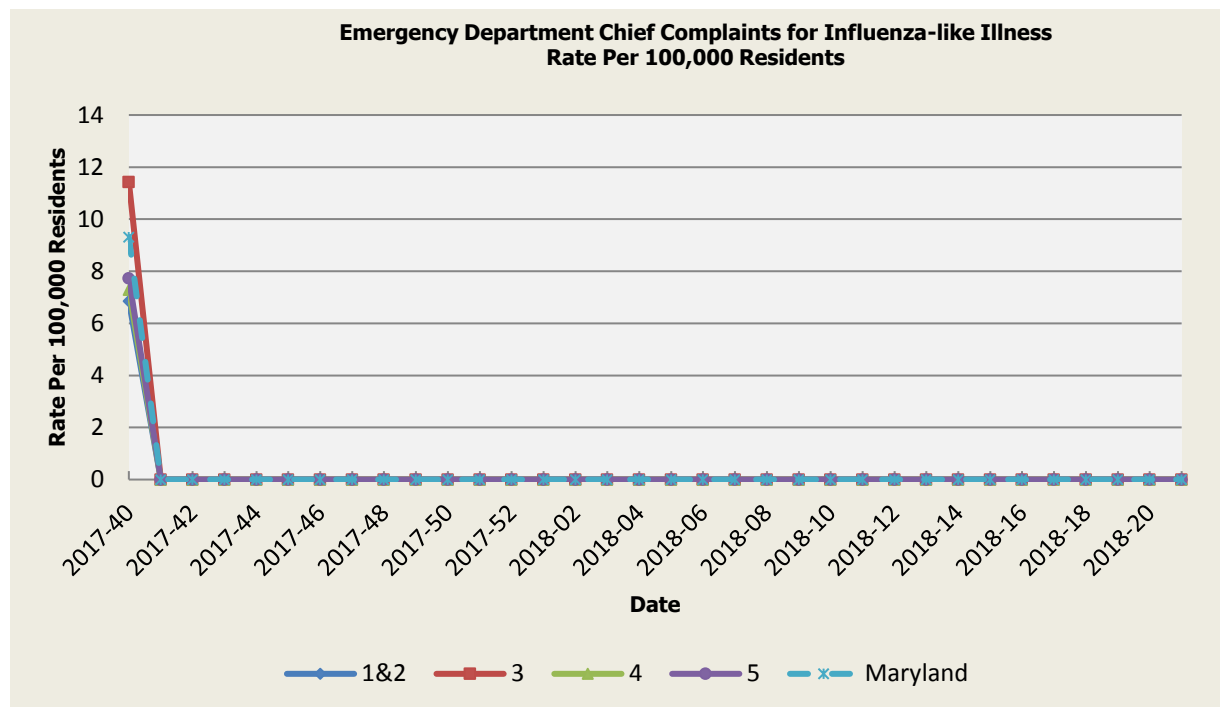
## MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	September			Cumulative (Year to Date)**		
	2017	Mean*	Median*	2017	Mean*	Median*
<b>Vaccine-Preventable Diseases</b>						
Aseptic meningitis	7	9.4	11	311	362.8	340
Meningococcal disease	0	0	0	5	4	4
Measles	0	0	0	4	4.4	4
Mumps	0	0.8	0	23	41.2	18
Rubella	0	0	0	1	4.4	3
Pertussis	1	7.2	6	175	268.2	288
<b>Foodborne Diseases</b>						
Salmonellosis	18	23.4	25	697	783.8	783
Shigellosis	3	4.2	3	203	167.4	200
Campylobacteriosis	6	18.4	15	654	624.8	625
Shiga toxin-producing Escherichia coli (STEC)	6	4	5	150	123.4	114
Listeriosis	0	0.4	0	21	14.2	14
<b>Arboviral Diseases</b>						
West Nile Fever	0	0.2	0	3	13.6	11
Lyme Disease	30	66.2	67	2883	2577.2	2457
<b>Emerging Infectious Diseases</b>						
Chikungunya	0	0.6	0	0	6.6	0
Dengue Fever	0	1.4	2	20	25.2	18
Zika Virus***	0	0.8	0	3	14.2	7
<b>Other</b>						
Legionellosis	3	5	4	199	147	153

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2017. † Counts are subject to change \*Timeframe of 2011-2017\*\*Includes January through current month. \*\*\* As of October 13, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 60.

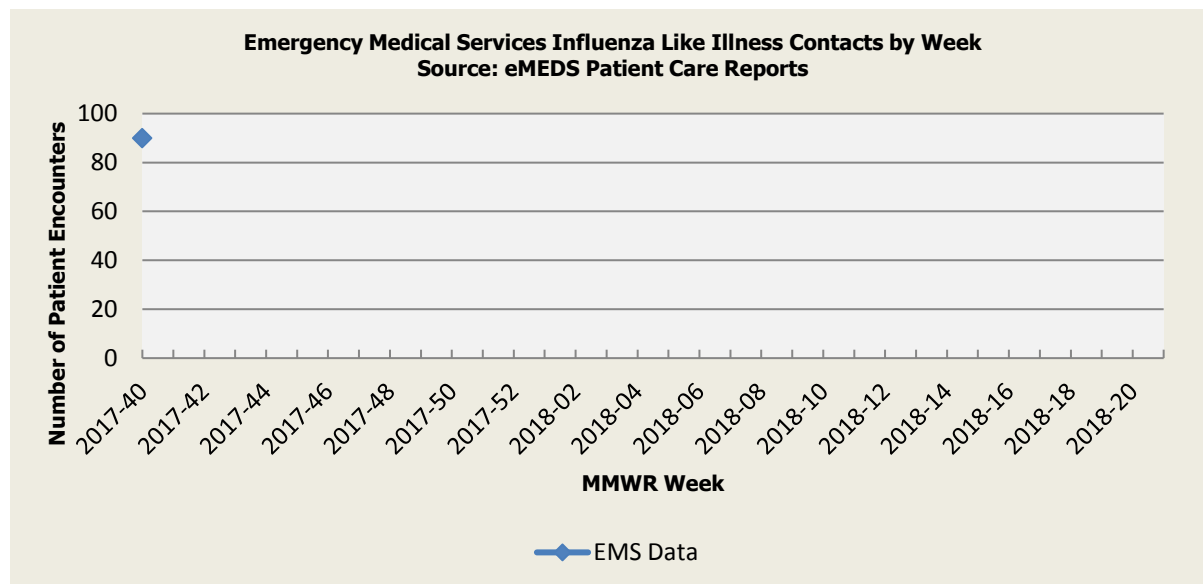
## SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 40 was: No Geographic Spread with Minimal Intensity.



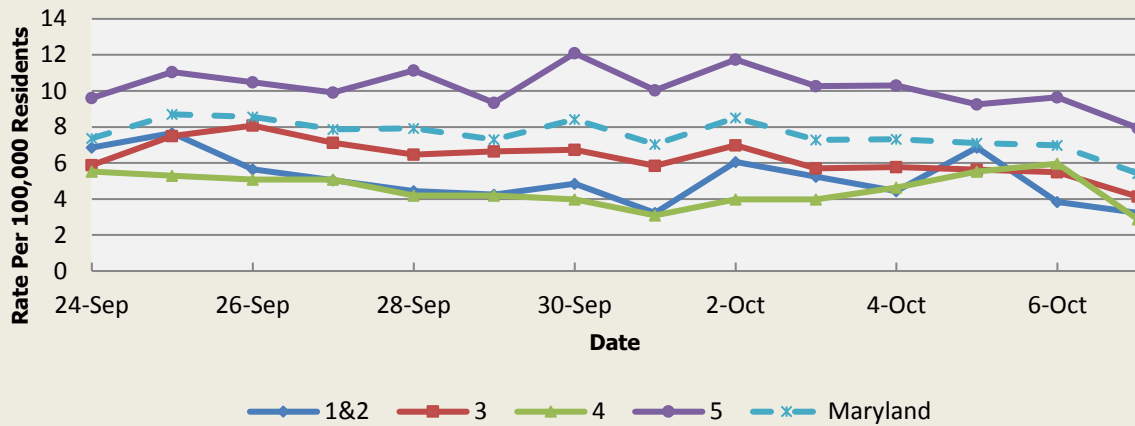
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.73	12.99	11.92	11.27	11.98
Median Rate*	7.66	9.63	9.05	8.51	9.00

\* Per 100,000 Residents



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

**Over-the-Counter Medication Sales Related to Influenza  
Rate Per 100,000 Residents**

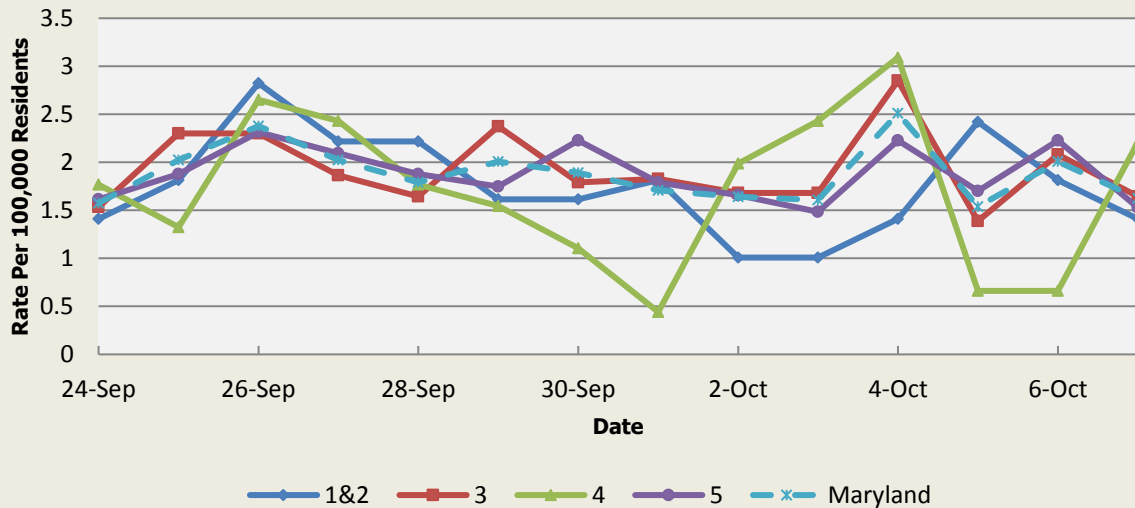


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.57	4.64	2.58	7.99	5.68
Median Rate*	3.23	4.38	2.43	8.03	5.52

\* Per 100,000 Residents

**Over-the-Counter Thermometer Sales  
Rate Per 100,000 Residents**



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

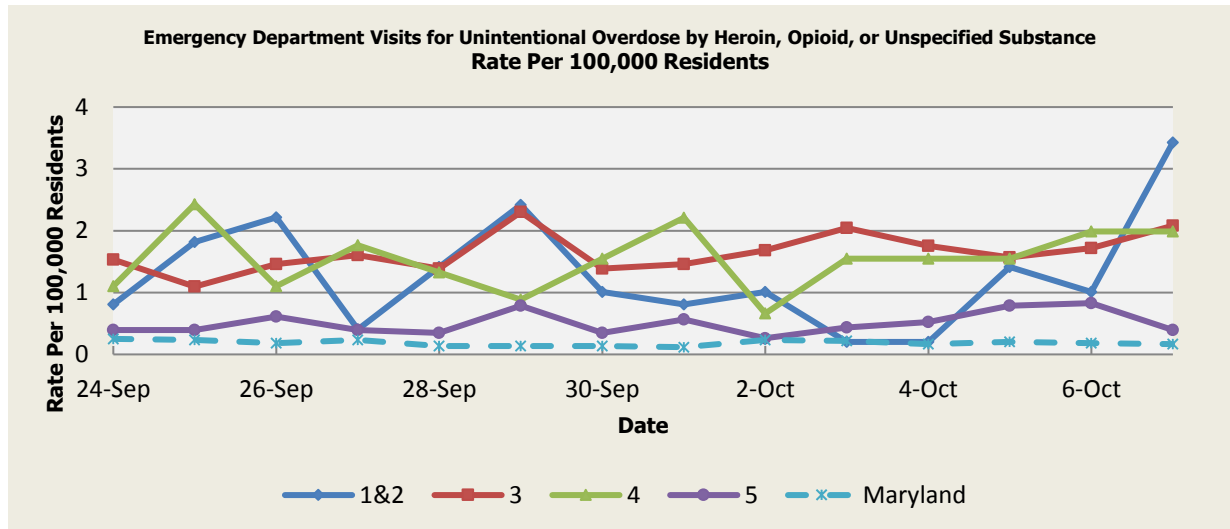
Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.19	3.05	2.36	4.09	3.41
Median Rate*	3.02	3.03	2.43	4.06	3.36

\* Per 100,000 Residents



## SYNDROMIC OVERDOSE SURVEILLANCE

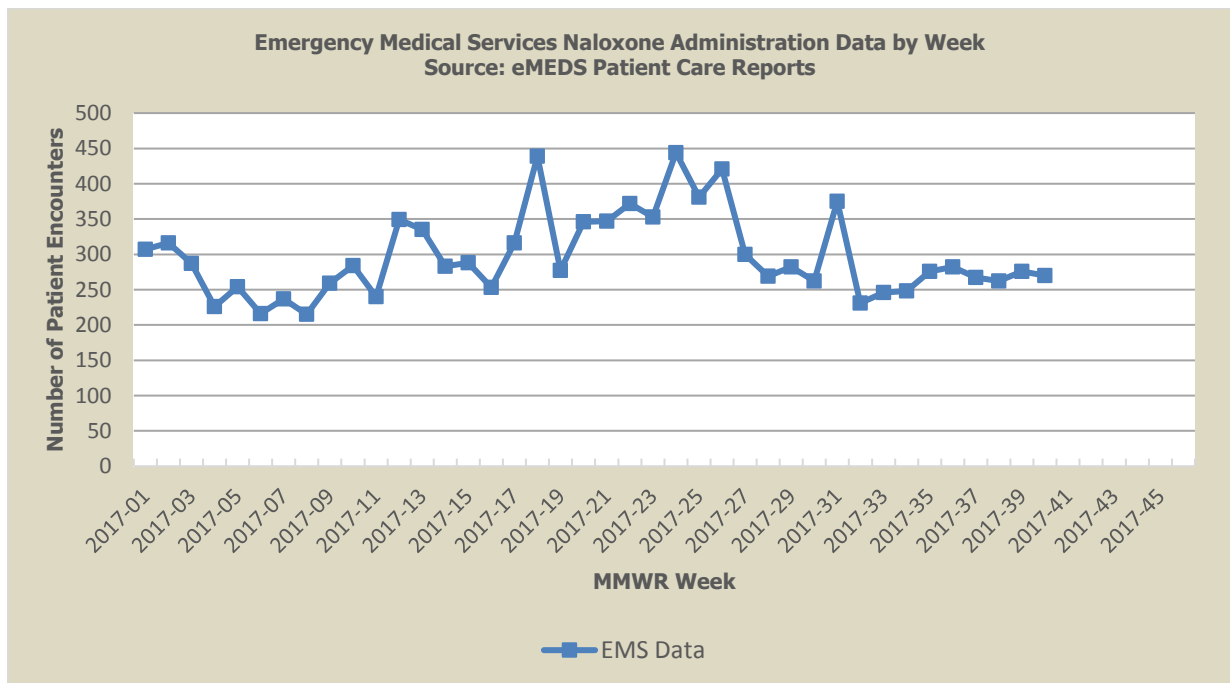
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



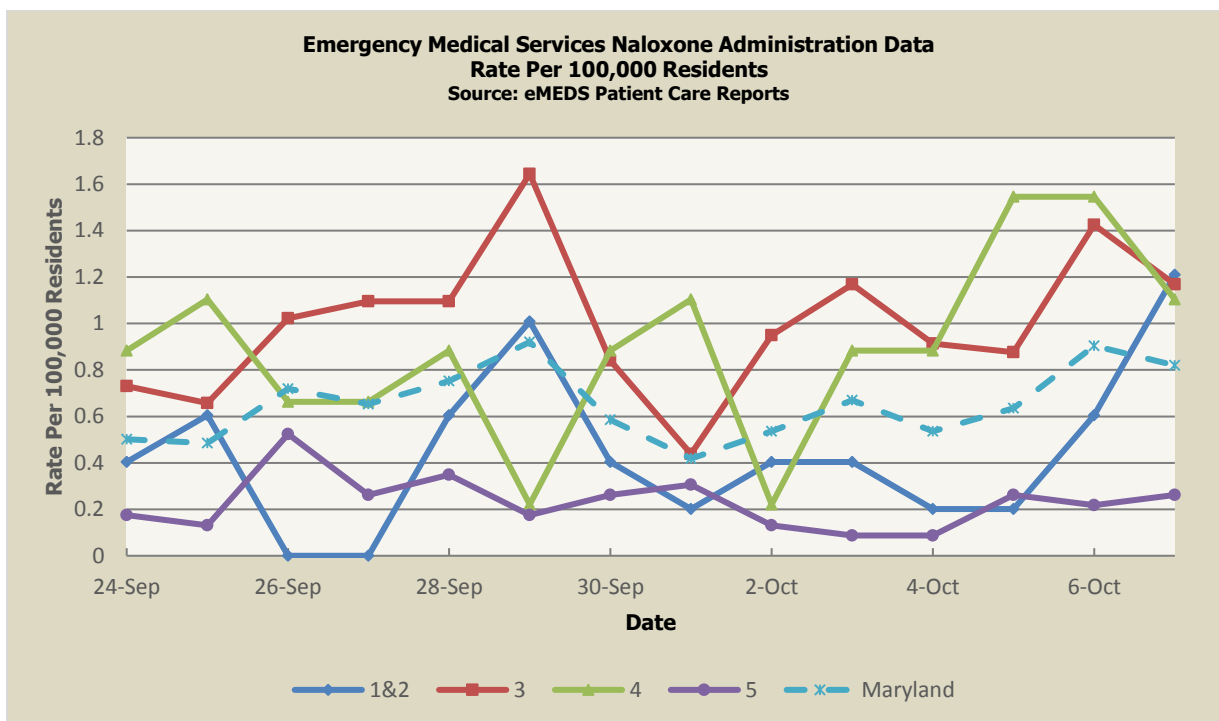
**Disclaimer on ESSENCE Overdose related data:** ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.40	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

\* Per 100,000 Residents



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.40	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

\* Per 100,000 Residents

## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 27, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

**AVIAN INFLUENZA (WASHINGTON),** 7 Oct 2017, A total of 2 flocks of birds at the recently concluded Central Washington State Fair were infected with bird flu, but health officials say it's a strain that has not been shown to infect humans. Read More: <https://www.promedmail.org/post/5366698>

**H9N2 AVIAN INFLUENZA (BURKINA FASO),** 8 Oct 2017, There was an identified influenza A(H9N2) virus G1 lineage in poultry in Burkina Faso. Urgent actions are needed to raise awareness about the risk associated with spread of this zoonotic virus subtype in the area and to construct a strategy for effective prevention and control of influenza caused by this virus. Read More: <https://www.promedmail.org/post/5367645>

**H5N8 AVIAN INFLUENZA (ITALY),** 12 Oct 2017, Italy has had 5 outbreaks of highly pathogenic H5N8 avian flu in farms in the central and northern parts of the country since the start of the month. About 880,000 chickens, ducks and turkeys will be culled. The biggest outbreak of the H5N8 virus, which led to the death or killing of millions of birds in an outbreak in western Europe last winter, was at a large egg producing farm in the province of Ferrara. Read More: <https://www.promedmail.org/post/5377180>

### **HUMAN AVIAN INFLUENZA**

*There were no cases of human avian influenza during the time of this report.*

### **NATIONAL DISEASE REPORTS**

**SALMONELLA (WASHINGTON),** 8 Oct 2017, Pride and Joy Dairy in Toppenish was the source of 2 salmonella illnesses resulting in hospitalization. Salmonella was persist in raw milk for over a year. Read More: <https://www.promedmail.org/post/5366537>

**HEPATITIS A (MICHIGAN),** 9 Oct 2017, Since an outbreak began last August 2017, 376 people in Michigan have contracted the sometimes fatal illness. It's mainly spread person-to-person via contact with feces. Read More: <https://www.promedmail.org/post/5368478>

**VIBRIO VULNIFICUS (FLORIDA),** 9 Oct 2017, The number of *Vibrio vulnificus* infections in Florida jumped to 33 cases as of [2 Oct 2017], according to Florida Department of Health data. In 2016,

Florida reported 46 cases, including 10 deaths. Read More: <https://www.promedmail.org/post/5369166>

**HEPATITIS A (CALIFORNIA)**, 9 Oct 2017, At least 481 people have been infected and 17 have died of the infection since November [2016] in San Diego. Another 88 cases have been identified in Santa Cruz and Los Angeles counties, where local hepatitis A outbreaks have been declared. Read More: <https://www.promedmail.org/post/5367581>

**SWINE INFLUENZA H3N2V (MICHIGAN)**, 10 Oct 2017, The Michigan Department of Health and Human Services and the Allegan County Health Department confirmed in a press release the 1st case of [swine variant of influenza A/H3N2] in 2017. The agencies reported that a child who visited the Allegan County Fair last month [September 2017] tested positive for the H3N2 variant influenza. Read More: <https://www.promedmail.org/post/5368076>

**LEPTOSPIROSIS (PUERTO RICO)**, A total of 10 people have come down with suspected cases of leptospirosis. On a U.S. territory where a 3rd of customers remain without running water 3 weeks after the hurricane, some became ill after turning to local streams to relieve their thirst. Four deaths in the aftermath are being associated with the illness. Read More: <https://www.promedmail.org/post/5374611>

**LA CROSSE ENCEPHALITIS (INDIANA)**, 12 Oct 2017, There are 2 area families that have dealt with illnesses associated with mosquito-borne diseases and have struggled to find out what was wrong with their children. Clinical encephalitis caused by La Crosse virus is most common in pre-school aged children, and cases in adults are somewhat unusual. It is seldom fatal, but significant hospital stays may occur, and there may be neurological sequelae. Read More: <https://www.promedmail.org/post/5374899>

**SALMONELLOSIS (VIRGINIA)**, 12 Oct 2017, About 150 people from 8 states have reported becoming ill after attending a cook-off in Virginia. More than 20 cultures from different laboratories in Virginia and Maryland tested positive for salmonellae, after scores of people became ill after attending the Chincoteague Chili and Chowder Cook Off on 30 Sep 2017. Read More: <https://www.promedmail.org/post/5375931>

#### **INTERNATIONAL DISEASE REPORTS**

**PLAGUE (MADAGASCAR)** 7 Oct 2017, As of 7 Oct 2017, 258 have been sickened and 36 have died just since August 2017. To try to stifle the spread, the government has forbidden public gatherings, including sporting events, and schools have closed for insecticide treatments that kill plague-spreading fleas. Read More: <https://www.promedmail.org/post/5366522>

**MONKEYPOX (NIGERIA)**, 7 Oct 2017, Fear has gripped the residents of Bayelsa State as a deadly viral epidemic known as "monkeypox" has broken out in the state. Monkeypox is a rare disease that occurs primarily in remote parts of Central and West Africa, near tropical rainforests. Read More: <https://www.promedmail.org/post/5366637>

**JAPANESE ENCEPHALITIS (CHINA)**, 7 Oct 2017, Hong Kong health officials are investigating a local case of Japanese encephalitis (JE) and urge the public to avoid going to rural areas from dusk till dawn when the vector [mosquito], which breeds in large water bodies such as rice paddies, is most active. Read More: <https://www.promedmail.org/post/5366653>

**WEST NILE VIRUS (AMERICAS)**, 7 Oct 2017, The Tennessee state veterinarian is urging horse owners to take precautions after West Nile Virus (WNV) and equine infectious anemia (EIA) have been sickened 3 horses in 3 counties. Read More: <https://www.promedmail.org/post/5366699>

**CHIKUNGUNYA (ITALY)**, 8 Oct 2017, A new outbreak has been identified in Calabria. Through the retrospective epidemiological survey, in the period August-September 2017, 55 cases (suspected, probable and confirmed) of chikungunya fever were reported by general practitioners. Read More: <https://www.promedmail.org/post/5367580>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN)**, 9 Oct 2017, Another 69-year old woman was diagnosed with the virus. Now a total of 69 CCHF cases with 11 deaths have been reported of which a total of 23 were confirmed by lab. Read More: <https://www.promedmail.org/post/5367524>

**ANTHRAX (NAMIBIA)**, 9 Oct 2017, More than 100 hippos have died in Namibia after they are believed to have contracted anthrax. Rangers at Bwabwata National Park say 109 of the animals have perished. Read More: <https://www.promedmail.org/post/5369267>

**MERS-CoV (SAUDI ARABIA)**, 9 Oct 2017, 1723 laboratory-confirmed cases of MERS-CoV infection, including 698 deaths [reported case fatality rate 40.5 percent], 1010 recoveries, and 15 currently active cases/infections. Read More: <https://www.promedmail.org/post/5369268>

**LEISHMANIASIS (IRAQ)**, 10 Oct 2017, US service members deployed to Iraq showed signs of having been infected with latent visceral leishmaniasis during their service, researchers said. In one study, latent visceral leishmaniasis was identified in asymptomatic Operation Iraqi Freedom soldiers (10.2 percent of 88), potentially putting them at risk of activation of the disease if they are immunosuppressed. Read More: <https://www.promedmail.org/post/5371171>

**PLAGUE (SEYCHELLES)**, 11 Oct 2017, Health officials in Seychelles have confirmed that 3 people have tested positive for plague. According to Today in Seychelles, a Seychellois basketball coach died from the disease in September 2017 in a hospital in Antananarivo, the capital of Madagascar, where 42 people have died from the "Black Death." Read More: <https://www.promedmail.org/post/5373068>

**TYPHOID FEVER (FIJI)**, 11 Oct 2017, A total of 13 patients on Moturiki had been diagnosed and have been treated with the required medical care. The Public Health Team continues to monitor the situation. Mass gatherings had been temporarily suspended in the hot spot areas as a preventative measure. Read More: <https://www.promedmail.org/post/5374145>

**PLAGUE (MADAGASCAR)**, 11 Oct 2017, In an update on the plague outbreak in Madagascar, the number of cases of the lethal bacterial infection has shot up to 449, an increase in 62 cases. The total death count has grown to 48. Read More: <https://www.promedmail.org/post/5374264>

**DIPHTHERIA (HAITI)**, 11 Oct 2017, There have been sporadic cases of diphtheria in the Central Plateau over at least the last year with at least one cluster of about 12 cases. Read More: <https://www.promedmail.org/post/5374799>

**HUMAN METAPNEUMOVIRUS (INDIA)**, 12 Oct 2017, Human metapneumovirus, which is activated by a sudden temperature drop, is active in the city, say experts. Like other seasonal viruses, this one too spreads through cough and sneeze droplets. Read More: <https://www.promedmail.org/post/5374987>

**CHIKUNGUNYA (ITALY, FRANCE, GERMANY)**, 12 Oct 2017, Italy has reported 239 chikungunya cases in the Lazio region (146 confirmed and 93 probable) and 6 confirmed autochthonous cases among 55 reported cases in the city of Guardavalle Marina, Calabria region. Several probable and confirmed cases were reported in other regions of Italy (that is, Emilia-Romagna, Marche) and other EU Member States (France and Germany). All were epidemiologically linked to Anzio, Rome or Guardavalle Marina. This brings the number of reported cases in Italy to 298 cases. Read More: <https://www.promedmail.org/post/5375171>

**YELLOW FEVER (NIGERIA)**, 12 Oct 2017, The country has recorded 10 cases of yellow fever this year: 4 cases in Kwara state, 2 in Kogi, 2 in Plateau, one in Abia and one in Edo state. Read More: <https://www.promedmail.org/post/5376528>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A



## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

